



State of Tennessee  
Department of State

Division of Charitable Solicitations and Gaming  
312 Eighth Avenue North  
8<sup>th</sup> Floor, William R. Snodgrass Tower  
Nashville, TN 37243  
(615) 741-2555

**CHARITABLE GAMING  
FINANCIAL ACCOUNTING REPORT  
For Events Under \$5,000**

**SEE FILING DEADLINE BELOW**

**OFFICE USE ONLY**

Date/Time Rec'd

**INSTRUCTIONS:** A charitable gaming financial report shall be filed with the Secretary of State within ninety (90) days following the event date listed on your annual event application. The report shall be signed by an officer of the organization (the Chairperson, President, or Chief Administrative Officer) and the Preparer of the Report. An additional fee must be paid if the event grossed more than \$5,000. *The Tennessee Bureau of Investigation shall investigate violations of T.C.A. §39-17-651 through 39-17-657 and official misconduct concerning charitable gaming activities. T.C.A. §3-17-112.*

Name of Organization: \_\_\_\_\_ Federal Employer ID Number \_\_\_\_\_

Principal Address: \_\_\_\_\_

Street City County State Zip

Mailing Address: \_\_\_\_\_

Street City County State Zip

Type of Event: \_\_\_\_\_ Actual Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Street City County Zip

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**FINANCIAL ACCOUNTING**

1. Beginning Cash Balance .....\$ \_\_\_\_\_

**Revenue from Gaming Event:**

2. Sales: Tickets, Chances, Etc..... \$ \_\_\_\_\_

3. Sales: Concessions/Merchandise ..... \$ \_\_\_\_\_

4. Donations: (Cash/In-Kind)..... \$ \_\_\_\_\_

5. Total Revenue .....\$ \_\_\_\_\_

**Expenses:**

6. Printing, Advertising, Supplies, Other ..... \$ \_\_\_\_\_

7. Prizes..... \$ \_\_\_\_\_

8. Total Expenses .....\$ \_\_\_\_\_

9. Amount Disbursed to Charitable Program(s) .....\$ \_\_\_\_\_

10. Ending Balance.....\$ \_\_\_\_\_

**PRIZES.**

**(ALL ORGANIZATIONS MUST COMPLETE FOR EACH PRIZE VALUED AT MORE THAN \$50)**

NAME	STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)	CITY	STATE	ZIP	PRIZE	PRIZE VALUE
1.						\$
2.						\$
3.						\$
4.						\$

## SIGNATURE SECTION

**ONE (1) OFFICER (CHAIRPERSON, PRESIDENT, OR CHIEF ADMINISTRATIVE OFFICER) AND THE PREPARER MUST SIGN THIS REPORT. IF THE PREPARER IS THE CHAIR, PRESIDENT OR CHIEF ADM. OFFICER, ANOTHER OFFICER MUST ALSO SIGN.**

*UNDER OATH AND SUBJECT TO CRIMINAL PENALTIES, INCLUDING PERJURY, WE CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS A TRUE AND ACCURATE ACCOUNTING.*

\_\_\_\_\_  
OFFICER'S NAME (SIGNATURE)

\_\_\_\_\_  
PREPARER'S NAME (SIGNATURE)

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
PRINT NAME AND TITLE

DATE \_\_\_\_\_

DATE \_\_\_\_\_

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

## INSTRUCTIONS

**This report is due no later than ninety (90) days after the date of the event indicated on your annual event application. Failure to timely file this report will result in a disqualification for a period of five (5) years; civil penalties may also be imposed.**

**Line 1:** The amount of money, if any, available for your gaming event *before* the sale of tickets, chances etc.

**Line 2:** Total amount received from the sale of tickets, chances, etc,

**Line 3:** Total amount received from the sale of concessions, merchandise, etc.

**Line 4:** Total amount received as cash and/or in-kind donations (for example, prizes) recorded at fair market value.

**Line 5:** Add lines 2 through 4. **If this amount exceeds \$5,000, you must remit an additional fee with this financial report as follows:**

<u>Event Gross Revenue</u>	<u>Application Fee</u>	<u>You Must Remit</u>
\$0 to \$5,000	\$150	\$0
\$5,001 to \$10,000	\$300	\$150
\$10,001 to \$20,000	\$450	\$300
\$20,001 and over	\$600	\$450

**Line 6:** Expenses. Record all expenses incurred (except cost for prizes) to operate your gaming event.

**Line 7:** Total cost for prizes purchased by organization. (Note: Record fair market value of donated prizes on Line #4).

**Line 8:** Add lines 6 and 7.

**Line 9:** Amount disbursed to the charitable programs indicated on the annual event application. If this amount does not equal to at least 25% of total revenue from gaming event (line 5), complete *Form SS-6068*, "Notice of Gross Proceeds".

**Line 10:** The amount, if any, available for the next annual gaming event.

## PRIZES

Enter name, address, prize, and the fair market value of each prize valued at \$50 or more.

Checks or other legal instruments payable to "Cash" or "Bearer" are prohibited.